		THE DIV				•	•	9	Γ Ω
FLED FEB	l 9 i95i	STANDA	ARD CERTIF		F DEATH	d s	tate File No	~ *	CO)
BIRTH NO		REG. DIST. P	<u>.</u> 318	PRIMARY REG	. DIST. NO.	1003	' Legistror's No	06	
I. PLACE OF DEAT	ТН					3.7.5		titution: re	aklezio bel
a. COUNTY ST	LCUIS			a. STATE	MO.	b.	COUNTYST .	LOU	IŠ
b. CITY (If outside corp	porate limite, write Ri	URAL and give	C. LENGTH OF STAY (in this place)	c. CITY (II OR V3 TOWN		limits, write RUR		whip)	1200
TOWN ST. I	LOUIS			<i> </i>	J'ENNI N				20
d. FULL NAME OF (11 HOSPITAL OR INSTITUTION	f not in hospital or in De Paul	natitution, give street	, address or location)	d. STREET ADDRESS		TERRACE			/
3. NAME OF E	a. (First)		(Middle)	c. (La	•	4. DATE OF	(Month)	(Day)	(Year)
	NDREW		LIAM	McNU.		DEATH	JAN.	12_	195
	COLOR OR RACE WHITE	7. MARRIED, NI WIDOWED, D	EVER MARRIED, IVORCED (Bpecify)	8. DATE OF	BIRTH	9. AGE (I:	n years IF CHOER day) Months	Days H	DREDER 11 OPLICATION
		MARRI	MARRIED /		FEB. 6 1903 43 1			16 13 1	
10a. USUAL OCCUPATION done during most of working	N (Give kind of work glife, even if retired)	l	BUSINESS OR IN-		ACE (State or for	[]	`•	COUNT	RY7
done during most of working MERCHANT		MERCAN			LOUIS	МО.	·	0.8	• A
3a. FATHER'S NAME		1	THER'S MAIDEN	NAME	14.	. NAME OF HUS	BAND OR WIF	E	
ANDR EV	:		UENGER -	· 	MANTIE	VIOLET	D NAME -	- 1	nne er
15. WAS DECEASED EVER (Yeshing prunknown) (If a	₹ IN U.S. ARMED 1 ven, give war or dates	of service)	OCIAL SECURITY	17 INFOR	11/1/2	CHATURE O	633 74	wari	DDRRS
		12.90	-36-0237		7.00		<u> </u>		
18. CAUSE OF DEATH	1. DISEASE OR CO		MEDICAL S	RTIFICA	PION	<u>u</u> .		ONSET	AL BETWI
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such	ANTECEDENT CA	CONDITION DING TO DEATH*(a AUSES Is, if any, giving Di	MEDICAL (ERTIFICA Enous Exper	rion c c r Ca	4,000	nd T	INTERV. ONSET	AL BETWI
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose nar	ne is recorded on the reverse side of this c	ertificate was embalmed by me,	or by
		Student Embalmer No	
working under my personal supervision.			,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Bonnel West

Student Embalmer

Licensed Embalmer No. 3917

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.